DECLARATION FOR UTILITY OR

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Attorney Docket Number

DES	SIGN	First Named In	First Named Inventor Tai-Cheng Yu					
	PPLICATION	С	COMPLETE IF KNOWN					
(37 CF	Application Nu	mber	/					
_	_	Filing Date			***			
Submitted OR	 Declaration Submitted after Initial 	al Group Art Unit						
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Nam	Examiner Name					
As a below named inven	itor, I hereby declare that:							
My residence, post office	address, and citizenship are a	as stated below next to m	y name.					
	first and sole inventor (if only fithe subject matter which is o							
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the specification of which	(11116	of the Invention)						
OR was filed on (MM/D			- d C					
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Application Number		is amended on (MM/DD/		- 111	(if applicable).			
	eviewed and understand the dent specifically referred to abo		ntineo specificatio	n, including the C	cialms, as			
I acknowledge the duty to d	disclose information which is r	naterial to patentability as	s defined in 37 CF	R 1.56.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	ppy Attached?			
91219296	Taiwan	Nov/29/02	0000		0000			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
	ander 35 U.S.C. 119(e) of any				eto.			
Application Number(s) Filing Date (MI		(MM/DD/YYYY)	numbe supple	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, lacknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent Parent Filing Date Parent Patent Number Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor. I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith: Customer Number 25859 Place Customer OR Number Bar Code Registered practitioner(s) name/registration number listed below Label here Registration Registration Name Number Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: 🔀 Customer Number 25859 OR Correspondence address below or Bar Code Label Name Address Address City State ZIP Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Yu Inventor's 08729/03 Signature Citizenship Taiwan Residence: City Country Taiwan Post Office Address 1650 Memorex Drive Post Office Address 95050 U.S.A. Sahta Clara Country supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto Additional inventors are being named on the _1

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Addition	onal Joint Inventor, if	any:		^	petit	ion has been f	iled for t	his unsigned	inventor
Given Name (first and middle [if any])					Family Name or Surname				
С	harls					Leu	-		
Inventor's Signature	ha	<u> </u>		<u> </u>				Date	08/29/
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Post Office Address									
City	Santa Clara	State	, CA	ZII	,	95050	Country	U.S.	Α.
Name of Addition	nal Joint Inventor, if a	ny:		☐ A p	etitio	on has been file	ed for thi	s unsigned	inventor
Given Na	me (first and middle [if any	y])				Family Na	me or S	urname	
	Ga-Lane					Che	n		
Inventor's Signature	Eu-Ch			•		7.1.9	<u> </u>	Date	08/29/
Residence: City	Fremont	State	CA	Cour	itry	U.S.A.	_	Citizenship	U.S.A.
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Post Office Address									
City	Santa Clara	State	CA	z	P	95050	Count	y U.S	.A.
Name of Addition	al Joint Inventor, if an	ıy:		A pe	tition	n has been file	d for this	unsigned in	ventor
Given Nam	ne (first and middle [if any]	1)				Family Nan	ne or Su	rname	
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Inventor's Signature								Date	
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